PTO/SB/01 (08-03)

Approved for use inrough 07/31/2006. OM8 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwerk Reduction Act of 1995, no persons are required to respond to a collection of information unloss it contains a valid OM8 control number.

DECLARATION — Utility or Design Patent Application

						
Direct all correspondence to:	Customer	Number.		OR X	Corres	pondence address below
Name						
Address Dwinell	401	tmeric	an F	lange		•
290 E.F						
City	MIELION	HUE	State			T 716
Carol Street			SIZE	II		ZIP. 60188
Country		Telephone		Fax		
US	(630-260-	8670	630-6	65-	97 <i>58</i>
I hereby declare that all states	THOUS INDUSTRIBLE	riuimay dwa kale	IMPOOR RO	mie and mat a	ll etatoma	onte modo on lafo
I ame regiet one regionant to b	e me: and turn	er inai inese si	iziemente w	ora mada with	the kno	suladaa bas walku suu-
statements and the like so ma false statements may jeopardi	ice are punishabii	e dy tine or impi	ISOUWEN! OF	hoth under 18	U.S.C.	1001 and that such willful
NAME OF SOLE OR FIRST I						,
Given Name		A	petition has	been filed for B	nis unsigr	ned inventor
(first and middle [if any])		A		Family Name		
	port	li .		or Sumame	1/24	Brusse
Inventor's				<u> </u>	van	I Die
Signature		A				Dale
Deside		4				Bruggen Date Dec 5, 2003
Residence: City	State	T T	Country		Citizer	aship
Araucaria	Para	n'a	Bro	zzil		Dutch
Mailing Address						O O J O J
America Carol Stream	n Fland	<u>e</u>				
1 ct	State		ZIF			Country
Carol Stream	1 11			60189	ව	US
NAME OF SECOND INVENTO)R:	•		petition has be	en filed fr	or this implement importan
Given Name		A petition has been filed for this unsigned inventor Family Name				
(first and middle [if any])		•		or Sumame		
Inventor's						Data
Signature	-				[]	Date
Residence: City	State		Country		Citional	
					Citizen	zulb
Mailing Address			<u> </u>		<u> </u>	
	,			•		
City	State	<u> </u>	Y =			
	Judio		ZIP		Country	,
Additional Inventors or a legal rep	Mesentallys are being n	amed on the		colle) PTD/CDB24	•••	

									_	_
Please	hine a	nh io	cion	141	ingide	Phie	hav	→		L
, 10030	type a	pica	31811	1.	212176	11/13	DOX	-	٦,	Γ.

PTO/98/81 (02-01) Approved for use through 10/31/2002, QMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

Application Number

Filing Date

First Named Inventor POWER OF ATTORNEY OR Tille **AUTHORIZATION OF AGENT** Goop ATTUNK Examiner Name Attorney Docket Number I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Code OR Label here Practitioner(s) named below: Registration Number Dwinel as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number Number Bar Code Label here OR Firm or Individual Name Address Address City 60188 Country Telephone <u> 260-</u> Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Signatur Date 003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below.

forms are submitted.

☐ 'Total of